FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000057031

1. Corporation Name

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90107 021 ***150.00

| | YES, INC. | | | | | | | |
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| | <u> </u> | | | | | | | |
| Principal Plac | | Mailing Address | _ | | | | | |
| 19390 COLLINS AVE #422 19390 COLLINS AVE #422 N. MIAMI BEACH FL 33160 N. MIAMI BEACH FL 33160 | | | | | | | | |
| N. MIAMI DEAUT PL 33100 N. MIAMI DEAUT PL 33100 | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | | 07/08/1996 | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | 1 | Applied For |
| 21 | | 26 | | · | | 65-0676322 | | lot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | ··· | 5. Certificate of Status Desired | 7 | Additional |
| 22 | | 27 | | | | | | Required |
| City & Stat | to- was a superior of the | City & State | * • | | | 6. Election Campaign Financing | • | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | to Fees |
| Zip | Country | Zip | | intry | | 8. This corporation owes the current year | | ∐Ño |
| 24 | 25 | 29 | 30 | 1 | | Personal Property Tax. 10. Name and Address of New Register | Yes Agent | |
| <u></u> | 9. Name and Address of Current | Registered Agent | | 81 | Name | iv. Hame and Address of New Register | Agent | |
| OHA | AYON, DOV | | | | | | | |
| | 90 COLLINS AVE | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| | #422 | | | 83 | | - | | |
| | RTH MIAMI BEACH FL 33160 | | | 83 | | · | | |
| ., | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 84 | City | | 85 Zip | Code |
| | | 1000 1500 51 11 01 1 | | ĻĻ | 4 | , , , , , , , , , , , , , , , , , , , | — III. | to registered |
| office or r | registered agent, or both, in the State o | f Fìorida. Such change was a | authorized | d by ti | -nameu corpo he corporatio | oration submits this statement for the purpose on's board of directors. I hereby accept the ap | pointment as | registered |
| agent. ! a | im familiar with, and accept the obligati | ons of, Section 607.0505, Flo | orida Stat | utes. | | | | |
| SIGNATURE | | | | | | | | |
| | Signature, typed or printed name of registered agent | | E: Registered | Agent | signature required | d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | AND DIDECT | ODS IN 12 |
| 12. | OFFICERS AND | | _ | | | ADDITIONS/CHANGES TO OFFICERS | WIND DIVICOL | ONO 114 12 |
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| NAME | OHAVON DOV | ☐ DELETE | 1.‡ Ti | | | | Change | Addition |
| | OHAYON, DOV | [□] DEEE IE | 1.2 N | AME | 4000000 | | Change | Addition |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGN AND THE OF SIGNING OFFICER OF DIRECTOR

The state of the s